

PROB 12B
(7/93)

United States District Court
for
District of New Jersey
Request for Modifying the Conditions or Term of Supervision
with Consent of the Offender
(Probation Form 49, Waiver of Hearing is Attached)

Name of Offender: Jorge Garcia

Cr.: 06-00229-001
PACTS Number: 041143

Name of Sentencing Judicial Officer: The Honorable Katharine S. Hayden

Date of Original Sentence: 05/31/07

Original Offense: Conspiracy to Import Heroin

Original Sentence: 24 months incarceration

Type of Supervision: 3 years supervised release

Date Supervision Commenced: 03/05/09

PETITIONING THE COURT

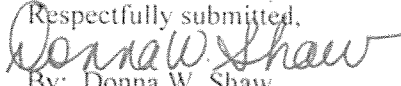
- ☐ To extend the term of supervision for _____ Years, for a total term of _____ Years.
☒ To modify the conditions of supervision as follows. The addition of the following special condition(s):

MENTAL HEALTH TREATMENT

You shall undergo treatment in a mental health program approved by the United States Probation Office until discharged by the Court. As necessary, said treatment may also encompass treatment for gambling, domestic violence and/or anger management, as approved by the United States Probation Office, until discharged by the Court. The Probation Officer shall supervise your compliance with this condition.

CAUSE

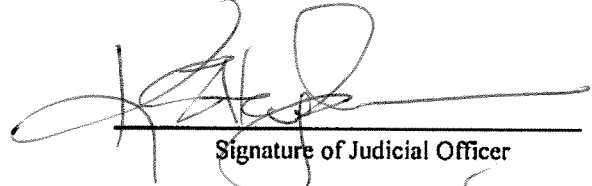
The offender is suffering from depression and anxiety and is need of mental health treatment. The offender has experienced suicidal thoughts and recognizes his need for psychiatric care.

Respectfully submitted,

By: Donna W. Shaw
Senior U.S. Probation Officer
Date: 8/11/10

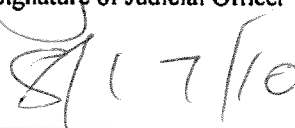
PROB 12B - Page 2
Jorge Garcia

THE COURT ORDERS:

- ☒ The Modification of Conditions as Noted Above
- ☐ The Extension of Supervision as Noted Above
- ☐ No Action
- ☐ Other



Signature of Judicial Officer



Date

• PROB 49
(NYEP-10/18/06)

United States District Court

DISTRICT OF NEW JERSEY

Waiver of Hearing to Modify Conditions of Probation/Supervised Release or Extend Term of Supervision

I have been advised and understand that I am entitled by law to a hearing and the assistance of counsel before any unfavorable change(s) may be made in my conditions of Probation and/or Supervised Release or before my period of supervision can be extended. By assistance of counsel, " I understand that I have the right to be represented at a hearing by counsel of my choosing if I am able to retain counsel. I also understand that I have the right to request that the Court appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel. "

I hereby voluntarily waive my statutory right to a hearing and to the assistance of counsel. I also hereby agree to the following modification (s) of my conditions of Probation and/or Supervised Release or to the proposed extension of my term of supervision:

The defendant shall participate in a mental health treatment program approved by the probation department. The defendant shall contribute to the cost of services rendered or any psychotropic medications as prescribed, via co-payment or full payment, in an amount to be determined by the probation department, based upon the defendant's ability to pay and/or the availability of third party payment.

Witness:

Kelly Deering
U.S. Probation Officer

Signed:

[Signature]
Probationer or Supervised Releasee

1/8/10
Date